MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/575,041	4-5-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5			/				55						
6				/			56						
7				/			57						
8				/			58						
9			/				59						
10				/			60						
11				/			61						
12				/			62						
13			/				63						
14				/			64						
15				/			65						
16			/				66						
17				/			67						
18				/			68						
19				/			69						
20			/				70						
21			/				71						
22				/			72						
23				/			73						
24				/			74						
25			/				75						
26			/				76						
27				/			77						
28				/			78						
29				/			79						
30			/				80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			10				TOTAL IND.						
TOTAL DEP.				25			TOTAL DEP.						
TOTAL CLAIMS			35				TOTAL CLAIMS						